

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001421

52 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 35 Yrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7100 Wornall Road Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1005 West 71st Terrace Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
JAMES A. ARMSTRONG

4. DATE OF DEATH Jan. 4, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-11-1881 9. AGE (last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired telephone Co. 10b. KIND OF BUSINESS OR INDUSTRY Executive 11. BIRTHPLACE (City and state or country) Spencer County, Indiana 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME George Armstrong 13b. MOTHER'S MAIDEN NAME Dilla A. Dodd 14. NAME OF HUSBAND OR WIFE Zoe Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Melvin Armstrong 2921 W. 72nd Ter.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion, Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens 22b. ADDRESS 152 N. Main St. 22c. DATE SIGNED 1-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-7-63 23c. NAME OF CEMETERY OR CREMATORY Forest Hill 23d. LOCATION (City, town, or county) Kansas City, Mo.

24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo. 25. DATE RECD. BY LOCAL REG. 1-5-63 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUD

AMENDED

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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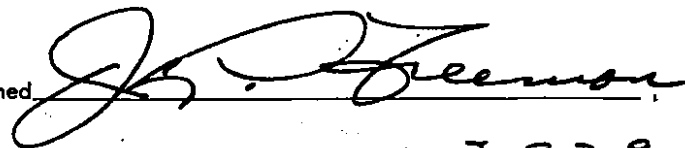
OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 2939

P. O. Address F. O. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.